


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

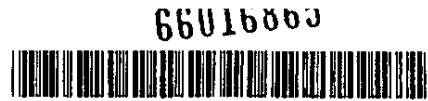
04-26-2006 90174 007 ***158.75

DOCUMENT # P05000157129	
1. Entity Name BEAU VISAGE INTERNATIONAL, INC	

Principal Place of Business P.O. BOX 260746 PEMBROKE PINES FL 33026	Mailing Address P.O. BOX 260746 PEMBROKE PINES FL 33026
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

47



1st MOORE CR2E034 (10/05)

4. FEI Number 203739880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREWINGTON, SHAKISHA N 12112 ST. ANDREWS PLACE 305 MIRAMAR FL 33025		7. Name and Address of New Registered Agent Name Brewington, Shakisha N Street Address (P.O. Box Number is Not Acceptable) 10780 N. Preserve Way #308 City Miramar FL Zip Code 33025	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Shakisha N Brewington <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when registering)</small>		<small>DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BREWINGTON, SHAKISHA P.O. BOX 260746 PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		954-701-1498
SIGNATURE: Shakisha N. Brewington	Shakisha N. Brewington	4-13-06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>